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er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete If Known ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Fees pu Application Number 10/772,631 TRANSMITTAL Filing Date February 5, 2004 for FY 2006 First Named Inventor Alex Suk **Examiner Name** Karl D. Frech igthered Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2876 Attorney Docket No. TOTAL AMOUNT OF PAYMENT 9132/90883 (\$)750.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 23-0920 Deposit Account Name: Welsh & Katz, Ltd. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 O 2. EXCESS CLAIM FEES 07/18/2007 CKHLOK 00000003 230920 10772631 Small Entity Fee Description Fee (\$) 02 FE:2864 Each claim over 20 (including Reissues) 25 03 FC:2501 700.00 DA Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee (\$) Fees Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fees Paid (\$) -3 or HP =≈Adjustment date: 07/18/2007 CKHLOM 02/F07/2005 MBELETE1 00000136 10722693.00 OP HP = highest number of independent claims paid for, if greater than 3 02 FC:1464 3. APPLICATION SIZE FEE -130.00 NP If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50<del>=</del> (round up to a whole number) 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition For Revival of An Application for Patent Abandoned 750.00 Unintentionally Under 37 CFR 1.137(b)

SUBMITTED BY		
Signature	Registration No. 27,466 (Attorney/Agent)	Telephone (312) 655-1500
Name (Print/Type)	GERALD T. SHEKLETON	Date February 15, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FOR MEMBERS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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Accounting Date	Sequence Num.	Fee Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
12/19/2006	00000190	1	<u> 2801</u>	\$395.00	12/18/2006	CK
12/19/2006	00000191	1	<u>1464</u>	\$130.00	12/18/2006	CK
09/21/2006	0000001	1	<b>2801</b>	-\$395.00	09/14/2006	OP
09/15/2006	00000032	<u>1</u>	<b>2801</b>	\$395.00	09/14/2006	CK
04/05/2006	00000093	1	<u> 2801</u>	\$395.00	04/04/2006	CK
12/04/2003	00000201	<u>1</u>	<u>8021</u>	\$40.00	11/26/2003	DA 190733
12/03/2003	00000045	1	<u>1001</u>	\$770.00	11/26/2003	DA 190733
12/03/2003	00000046	<u>1</u>	<u>1202</u>	\$180.00	11/26/2003	DA 190733